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|--|---|--|---|----------------------------|---------------------------|--------------------------------|
| SERIAL NUMBER 10/642,858 | FILING OR 371(c) DATE 08/18/2003 RULE | CLASS 424 | GROUP ART UNIT 1616 | ATTORNEY DOCKET NO. | | |
| APPLICANTS Katherine M. Aldred, Saugus, MA; | | | | | | |
| ** CONTINUING DATA ***** KG none | | | | | | |
| ** FOREIGN APPLICATIONS ***** KG none | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/11/2003 | | | | | | |
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>KG</i> Initials: <i>KG</i> | STATE OR COUNTRY MA | SHEETS DRAWING 4 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 3 |
| ADDRESS Katherine M. Aldred 51 Birch Street Saugus, MA01906 | | | | | | |
| TITLE Transdermal method and apparatus | | | | | | |
| FILING FEE RECEIVED 375 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | | |